## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVI	PROCEDURES	NOTICE FILING
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ADMINISTRATIVE PROCEDURE	3 NOTICE FILING							
AGENCY NAME		CONTACT PERSON TELEPHONE NUMBER		√IBER				
State Board for Community and Junior Colleges		Dr. Shawn Mackey		601-432-6519 STATE ZIP				
ADDRESS		CITY Jackson		MS	39211			
3825 Ridgewood Road EMAIL	SUBMIT	Name or number of rule(s): 2010 Standards for Practical Nursing						
smackey@mscjc.edu	DATE	Program Accreditation with	Recommen	ded Procedure	s for			
sinackey@mscjc.edu	8/25/2011	Documentation and Self-Stu						
	-,,	Accreditation Schedule	.,					
Short explanation of rule/amendmer streamlined the new program applic	ation process to inc	ude reducing the stages of de	velopment :	from five to fo	ur. The revisions			
also include new follow-up (revisit)	accreditation review	procedures. Finally the docu	ment elimi	nated the redu	indancy of a few			
criteria, reduced the standards from	seven to six, and im	proved wording consistent wi	th national	terminology.	One minor edit			
was made on page 6, the terms " and	/or DNV Accreditation	on" were added to Item #15 at	the bottom	of page 6.				
Specific legal authority authorizing th	e promulgation of ru	le: Mississippi Code Title 37, (	Chapter 153					
List all rules repealed, amended, or si	uspended by the pro	posed rule: 2008 Standards for	Practical N	ursing Progran	<u>n</u>			
Accreditation with Recommended P	<u>rocedures for Docun</u>	<u>nentation and Self-Study and 1</u>	he propose	d revised Accr	<u>editation</u>			
<u>Schedule</u>								
ORAL PROCEEDING:								
An oral proceeding is scheduled for	or this rule on Date	e:						
Presently, an oral proceeding is not scheduled on this rule.								
If an oral proceeding is not scheduled, an oral ten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email an	should be submitted to t include the name, address iddress, and telephone nui	he agency contact person at the above email address, and telephone numbe nber of the party or parties you repres	e address withing of the persor sent. At any tir	n twenty (20) days (s) making the req ne within the twe	s after the filing of this quest; and, if you are an nty-five (25) day public			
comment period, written submissions including	g arguments, data, and vi	ews on the proposed rule/amendmen	t/repeal may b	e submitted to the	filing agency.			
ECONOMIC IMPACT STATEMENT:								
Economic impact statement not required for this rule. Concise summary of economic impact statement attached.								
TEMPORARY RULES	PROPO	SED ACTION ON RULES		NAL ACTION				
			Action tak	osed Rule Filed:	2/28/2011			
Original filing	Action propo				anger in text			
Renewal of effectiveness	New i			opted with no ch opted with chan				
To be in effect in days		dment to existing rule(s)			57 (PA)			
Effective date:		al of existing rule(s)	3.00000	opted by referen	ice			
Immediately upon filing		tion by reference		Withdrawn Repeal adopted as proposed				
Other (specify):		al effective date:	Warmer Control of the	Effective date:				
		nys after filing	NATIONAL ASSOCIATION OF THE PARTY OF T	days after filing				
	— Other	(specify):						
Other (specify):								
Printed name and Title of person authorized to file rules? Shawn Mackey, Associate Executive Director Signature of person authorized to file rules:								
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					OF STATE			
Accepted for filing by Accepted for fili		or filing by	Accepted	d for filing by	18045E			